The Family and Social Service Administration (FSSA)
The Indiana State Department of Health (ISDH)

PRIMARY CARE
BEHAVIORAL HEALTH
INTEGRATION (PCBHI)

INDIANA COUNCIL OF COMMUNITY MENTAL HEALTH CENTERS, INC. (ICCMHC)

FEBRUARY 12, 2015
State PCBHI
Past Accomplishments

- Formation of Statewide Stakeholder group
- Original Creation of five sub-committees
  - Data/Technology, Education/Training, Funding/Reimbursement, Health Homes/Care Coordination, and Policy
- Applied and Awarded NASMHPD/SAMHSA Transformation Transfer Initiative (TTI) Grant
  - Statewide Survey
  - Eight (8) Education and Training Events (2013)
  - Community Health Workers (CHW) and Certified Recovery Specialist (CRS) Cross Training and certification process
- State development and establishment of PCBHI Strategic Plan
State PCBHI
Present: Implementation

- December 2014 – PCBHI Stakeholder kickoff
- Reactivate Subcommittees
  - Funding/Reimbursement
  - Policy
  - Data/Technology
  - Workforce Development (formerly known as Education/Training)
  - Future Opportunities (formerly known as Health Homes/Care Coordination)
- Initiated One New Subcommittee
  - Quality
PCBHI Integration Defined

The management and delivery of behavioral and physical health services so that individuals receive a continuum of preventative and curative services, according to their needs over time and across different levels of the health system.

*Adapted by the Indiana Stakeholder group from the World Health Organization*
The PCBHI Strategic Plan is a living document that captures foundational tenets and goals from both federal and state perspectives. The strategic plan reflects Indiana’s efforts toward PCBHI to date and provides a framework to move integration forward through implementation.
Indiana’s PCBHI
2015 Goal

Indiana will have an operational infrastructure with standards and processes established to implement primary and behavioral healthcare integration across its public healthcare systems. Indiana will provide recognition and program support to agencies implementing integrated care within the framework established.
PCBHI Agency Types

FSSA and ISDH propose state recognition for agencies providing integrated care across public healthcare systems:

- Community Mental Health Center (CMHC)
- Federally Qualified Health Centers (FQHC)
- Rural Health Clinics (RHC)
- Community Health Centers (CHC)
PCBHI Guiding Principles: Theoretical Tenants

- Holistic approach
- Recovery focused
- Personal resiliency
- Healthcare prevention
- Empower healthy lifestyles
PCBHI Guiding Principles: Operational Tenants

• A holistic approach through a multi-disciplinary team.

• “Real time” linkage to care and communication between care providers.
PCBHI Guiding Principles: Quality and Standards

• Use of Evidence-based practices.
• Continuous quality improvement processes.
• Adhere to approved standards of care.
• Performance based outcomes.
PCBHI State’s Objectives:

**Policy:** Implement guidelines and standards that allow flexibility and applicability across public healthcare systems.

**Funding:** Establish incentives and/or reimbursement methodology for service delivery practices that do not have an existing funding.

**Data/Technology:** Advance information sharing by implementing core data requirements that will utilize and improve current data systems.
PCBHI State’s Objectives:

**Future Opportunities:** Explore opportunities for new initiatives that are aligned with Indiana PCBHI goals, i.e. Excellence Act and Health Homes.

**Workforce Development:** Prepare and expand workforce competency and capacity to deliver integrated primary and behavioral health care.

**Quality Assurance:** Develop a quality assurance plan that will provide recommendations for program quality, outcome measures, and performance evaluation.
SAMHSA Six Levels of Integration At -A -Glance

Key Elements:

→ Coordination
→ Co-Location
→ Integration

SAMHSA Six Levels of Integrated Care Web link

www.integration.samhsa.gov/.../standard-framework-for-levels-of-integrated-healthcare

LEVEL ONE
Minimal Collaboration

LEVEL TWO
Basic Collaboration at a Distance

LEVEL THREE
Basic Collaboration Onsite

LEVEL FOUR
Close Collaboration Onsite with Some System Integration

LEVEL FIVE
Close Collaboration Approaching an Integrated Practice

LEVEL SIX
Full Collaboration in a Transformed/ Merged Integrated Practice
Overview: Six Levels of Collaboration/Integration

<table>
<thead>
<tr>
<th>COORDINATED</th>
<th>CO-LOCATED</th>
<th>INTEGRATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>KEY ELEMENT: COMMUNICATION</td>
<td>KEY ELEMENT: PHYSICAL PROXIMITY</td>
<td>KEY ELEMENT: PRACTICE CHANGE</td>
</tr>
<tr>
<td>LEVEL ONE</td>
<td>LEVEL TWO</td>
<td>LEVEL THREE</td>
</tr>
<tr>
<td>Minimal Collaboration</td>
<td>Basic Collaboration at a Distance</td>
<td>Basic Collaboration Onsite with Some</td>
</tr>
</tbody>
</table>

Behavioral health, primary care and other healthcare providers work:

- **LEVEL ONE** Minimal Collaboration:
  - In separate facilities, where they;
  - Have separate systems
  - Communicate about cases only rarely and under compelling circumstances

- **LEVEL TWO** Basic Collaboration at a Distance:
  - In separate facilities, where they;
  - Have separate systems
  - Communicate periodically about shared patients

- **LEVEL THREE** Basic Collaboration Onsite:
  - In same facility not necessarily same offices, where they;
  - Have separate systems
  - Communicate regularly about shared patients, by phone or email

- **LEVEL FOUR** Close Collaboration Onsite with Some:
  - In same space within the same facility, where they;
  - Share some systems, like scheduling or medical records
  - Communicate in person as needed

- **LEVEL FIVE** Close Collaboration Approaching an Integrated Practice:
  - In same space within the same facility (some shared space), where they;
  - Actively seek system solutions together or develop work-a-rounds
  - Communicate frequently in person

- **LEVEL SIX** Full Collaboration in a Transformed/Merged:
  - In same space within the same facility, sharing all practice space, where they;
  - Have resolved most or all system issues, functioning as one integrated system
  - Communicate

**Key Differentiator: Clinical Delivery**

**Key Differentiator: Patient Experience**

**Key Differentiator: Practice/Organization**

**Key Differentiator: Business Model**

Advantages

Disadvantages

Four Quadrant Model

www.integration.samhsa.gov/resource/four-quadrant-model
PCBHI Core Requirements

Elements associated with best practice

1. SCREENING (Behavioral and Physical Health)
2. INTEGRATED CARE PLANS
3. MULTIDISCIPLINARY TEAM MEETINGS
4. REAL-TIME PSYCHIATRIC/MEDICAL CONSULTS
5. LEADERSHIP SUPPORT
6. EVIDENCE BASED PRACTICE AND TRAINING
7. ELECTRONIC HEALTH RECORDS AND DATA SHARING
8. QUALITY OUTCOME MEASURES
PCBHI

PROGRAM ADMINISTRATION AND LEADERSHIP
### PCBHI State Team

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ann Alley</td>
<td>ISDH</td>
</tr>
<tr>
<td>Debbie Herrmann</td>
<td>FSSA/DMHA</td>
</tr>
<tr>
<td>Regina Smith</td>
<td>FSSA/DMHA</td>
</tr>
<tr>
<td>Nicole Coton</td>
<td>ISDH</td>
</tr>
<tr>
<td>Michelle Sandoval</td>
<td>ISDH/CDC</td>
</tr>
<tr>
<td>Stephanie Spoolstra</td>
<td>FSSA/DMHA</td>
</tr>
<tr>
<td>Jessica Thomas</td>
<td>ISDH</td>
</tr>
<tr>
<td>Miriam Pappas</td>
<td>FSSA/DMHA</td>
</tr>
<tr>
<td>Christopher Maxey</td>
<td>ISDH</td>
</tr>
<tr>
<td>Vincent Thompson</td>
<td>FSSA/IT</td>
</tr>
<tr>
<td>Brent Anderson</td>
<td>ISDH</td>
</tr>
<tr>
<td>Susan Nicols</td>
<td>FSSA/DMHA</td>
</tr>
</tbody>
</table>
Role of PCBHI State Team

• Ensure programs are consumer/family driven and recovery focused.

• Finalize and implement state guidelines.

• Design and implement strategies for PCBHI program oversight and quality assurance activities.

• Provide recommendations to state leadership to further develop and implement PCBHI as a sustainable practice approach.
PCBHI Lead State Contacts

Family and Social Service Administration (FSSA/DMHA)  
Indiana State Department of Health (ISDH)

Debbie Herrmann, FSSA/DMHA  
Deputy Director, DMHA Medicaid Initiatives  
Debra.Herrmann@fssa.in.gov

Ann Alley, ISDH,  
Director of Chronic Disease, Primary Care, and Rural Health Division  
aalley@isdh.in.gov

Regina Smith, FSSA/DMHA, PCBHI Program Director  
Regina.Smith@fssa.in.gov
Statewide Stakeholder Group

Provide expertise, knowledge, recommendations, and guidance to the state.

Membership includes but is not limited to Individuals representing:

<table>
<thead>
<tr>
<th>FQHC, CHC, RHC, CMHCs</th>
<th>Trade associations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consumers</td>
<td>Health information exchanges</td>
</tr>
<tr>
<td>Payers</td>
<td>Experts in physical and behavioral healthcare</td>
</tr>
<tr>
<td>Advocates</td>
<td></td>
</tr>
<tr>
<td>SAMHSA PBHCI grantees</td>
<td></td>
</tr>
</tbody>
</table>
## PCBHI Subcommittee Chairs

<table>
<thead>
<tr>
<th>Area</th>
<th>Chair</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality</td>
<td>Lynn Bradford</td>
<td><a href="mailto:lbradford@mdwise.org">lbradford@mdwise.org</a></td>
</tr>
<tr>
<td>Workforce Development</td>
<td>Kathy Cook</td>
<td><a href="mailto:kcook@aspin.org">kcook@aspin.org</a></td>
</tr>
<tr>
<td>Policy</td>
<td>Mike Kolenda</td>
<td><a href="mailto:mkolenda@windrosehealth.net">mkolenda@windrosehealth.net</a></td>
</tr>
<tr>
<td>Funding/Reimbursement</td>
<td>Rebecca Sigafus</td>
<td><a href="mailto:Bsigafus@intercare.org">Bsigafus@intercare.org</a></td>
</tr>
<tr>
<td>Future Opportunities</td>
<td>Aileen Wehren</td>
<td><a href="mailto:awehren@porterstarke.org">awehren@porterstarke.org</a></td>
</tr>
<tr>
<td>Data/Technology</td>
<td>Becky Learn</td>
<td><a href="mailto:blearn@ihie.org">blearn@ihie.org</a></td>
</tr>
</tbody>
</table>
SAMHSA PBHCI
Indiana Grantees

Adult and Child Mental Health Center (III)
Mike McKasson, rmckasson@adultandchild.org

Centerstone of Indiana (II)
Maren Sheese, maren.sheese@centerstone.org

Health and Hospital Corp. of Marion County (IV)
Cynthia Wilson, cynthia.wilson@wishard.edu

Regional Mental Health Center (II)
John Kern, john.kern@regionalmentalhealth.org

Community Health Network Foundation (VI)
Kim Walton, kwalton@ecommunity.com

Porter-Starke Services, Inc. (VI)
Aileen Wehren, Awehren@porterstarke.org
Thank You!

Thank you for your time, commitment, and partnership to help Indiana move PCBH Integration forward in 2015!